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URBAN/MUNICIPAL

**Hamilton
Civic
Hospitals**

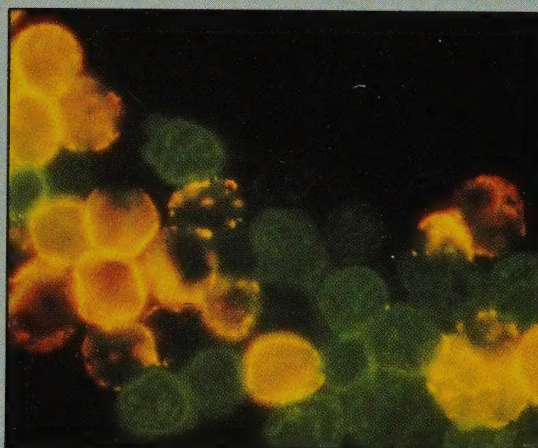
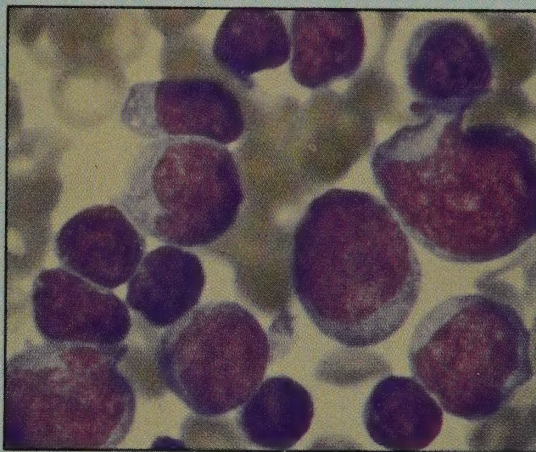
**Annual
Report**

1985-86

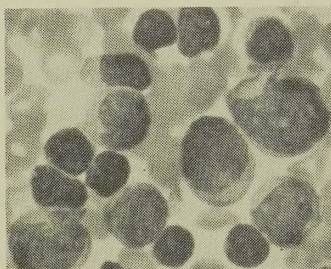
URBAN MUNICIPAL

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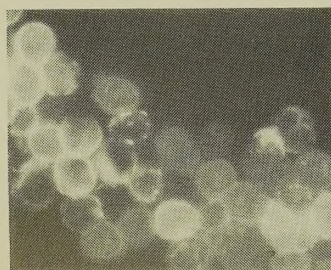
GOVERNMENT DOCUMENTS



Our pictorial theme this year focuses on the work of our Laboratories.



A



B

Photo A is from a patient who presented simultaneously with two types of acute leukemia, which is a very rare condition. Small and large cells of the different leukemias can be seen.

Photo B from the same patient, shows fluorescent markers which prove that two acute leukemias are present simultaneously. The green cells indicate an acute lymphoid leukemia and the yellow cells an acute myeloid leukemia.

Mr. R.D. Crockford
Chairman

Mr. C. Waxman
Second Vice-Chairman

Mr. A.G. Northcott
First Vice-Chairman

Mr. R.D. MacKenzie
Secretary

Clr. J.W. Barlow (from January, 1986)

Mr. C.D. Boothe

Mr. N.D. Corfe (from January, 1986)

Mrs. J. Harbell

Mrs. B. Jones

Dr. L.A. Jurkowski

Mr. G.W. Lawson

Mayor R. Morrow

Mr. D.C. McAuley

Miss J.S. McKee

Mrs. B.M. Nagy

Dr. W.E. Pine

Mr. N.B. Preece (from January, 1986)

Mr. S.J. Seneco (from January, 1986)

Clr. J.R. Smith (from January, 1986)

Mr. M. Smurlick

Mr. J.W. Spears

Mr. R.J. Swenor (from January, 1986)

Dr. E.J. Thomas

Clr. R. Wheeler

Administrative Staff Management Committee

Dr. W.E. Noonan (Chairman)
Executive Director

Dr. J.M. Phin
Medical Director

Mr. K.B.E. Dixon
Director of Personnel and Industrial Relations

Mr. D.J. Watts
Assistant Executive Director,
Finance and Corporate Services

Miss C. Geiger
Director, Special Projects

Dr. E.G. Woodward
Administrator, Hamilton General Hospital

Mr. P.C. Johnson
Administrator, Henderson General Hospital

as of March 31, 1986

Report of the Chairman of the Board

R.D. Crockford

A YEAR OF ACCOMPLISHMENT

Groundbreak! After twenty years of planning, discussing and worrying the start of construction on the new Hamilton General Hospital finally happened! The official groundbreaking ceremony took place on November 6, 1985 and actual excavation started by the month's end. Our sincere thanks to all those staff who persevered in the face of delays and obstacles to help design a state-of-the-art building that will serve patients well for generations to come.

Rebuilding the General was not the only construction project overseen by the Board. At the Henderson General Hospital, Lakeview Lodge was opened, built by the Cancer Society to house ambulatory patients who live at a distance from the cancer treatment centre. Further, government approval and funding was announced for the much needed expansion of the Cancer Clinic.

As a result of the closure of the Stelco Inc. Canada Works, the property which lies adjacent to and immediately north of the Hamilton General Hospital became available during the year and negotiations to purchase were initiated on our behalf by the City of Hamilton. The resulting acquisition will allow us to create a landing facility for helicopters bringing patients to the regional referral facilities at the General, and to provide much needed additional parking spaces.

Readers of our annual reports will no doubt be aware that the Board has been very concerned about chronic underfunding of our institution relative to other comparable teaching hospitals. I am pleased to report that our representations to the Ministry of Health were successful and application of the additional funds granted to our clinical service programs has eased, although not totally eliminated, our concerns about maintenance of our established levels of treatment.

In an effort to make the best use of financial resources, the Board approved the installation of energy conservation equipment at the Henderson General Hospital. Started late in 1985, this upgrading is expected to yield savings of \$200,000 annually in energy costs, when it is completed in mid 1986.

This year saw the continued development of a new Board committee structure with its smaller working committees. A more decentralized Board structure seems to work well as it has allowed us to gain a more detailed understanding of the Hospitals, its problems, challenges and potential. We hope that our advice will be more valuable as a result.

Municipal elections were held in November, 1985 and committee appointments were made shortly afterward, resulting in the loss of Councillors M. Kiss, H. Merling and V. Scott and the arrival of Councillors J. Barlow, J. Smith and R. Wheeler. We thank the outgoing Councillors for their contributions and warmly welcome our new municipal representatives.

Also at year end, several citizen members of our Board submitted their resignations. Mr. Harold Embree left us after *sixteen* years of distinguished service, three of these (1974-1976), as Chairman. One of his final responsibilities was to oversee the revision of our By-laws and the Hamilton Civic Hospitals Act, which will soon be introduced into the Provincial Legislature. Mr. Archie McFarlane also retired after serving a total of *twenty-five* years, twice as Chairman, in 1964-65 and 1970. We also saw the departure of Mrs. Frances Duff who served on the hospital Board for *thirteen* years and as a hospital volunteer for twenty-one years. To all these people I extend our sincere thanks for the enthusiasm and commitment they brought to our deliberations over the years.

In Messrs. Norm Corfe, Norm Preece, Stan Seneco and Bob Swenor, we have been fortunate in attracting four high calibre individuals to our Board this year. I am sure that they will find their time with us rewarding and challenging.

Special thanks must also go to Mr. Chester Waxman, our second Vice-chairman, who shouldered the burden of being General Campaign Chairman, in addition to his other hospital and community responsibilities. Under his energetic leadership, the campaign has been singularly successful, with better than twelve million of the \$14.5 goal donated or pledged. The money raised through this campaign will allow us to purchase diagnostic and treatment equipment, and to furnish the new hospital in a manner which will support and enhance its important contribution to clinical service, education and research.

In closing, I would like to extend the thanks of the Board of Directors to Dr. Noonan, the hospital and medical staff for their parts in this "year of accomplishment." We could never have done so much, so well, in such a short time, without the commitment of this outstanding group of people.



The Honourable Dr. Lily Munro, MPP Hamilton Centre and Minister of Citizenship and Culture, along with Board Chairman R.D. Crockford, undertake the turning of the first sod for the new Hamilton General Hospital. Regional Chairman Anne Jones and Campaign Chairman Chester Waxman look on.

The fiscal year ending March 31, 1986, was one of major accomplishment for Hamilton Civic Hospitals. A variety of projects and undertakings which have been in process, in some cases for many years, came to fruition.

■ The contract for the construction of the new Hamilton General Hospital was let and construction began in November 1985.

■ The fund-raising drive of the Hamilton Civic Hospitals achieved major progress with over \$12 million of the \$14.5 million goal being pledged by fiscal year end.

■ The funding appeal for enhancement of tertiary care programs was approved in late December which will materially help us to cope, pending occupancy of our new facilities.

■ Construction of the Cancer Lodge at Henderson General was substantially completed with official opening scheduled for April 1986.

■ Approval was granted by the Ministry of Health for planning for expansion of the crowded facilities of the Cancer Clinic at Henderson General.

■ Drafting of amendments to the Hamilton Civic Hospitals Act was completed, approved by both the Regional Municipality of Hamilton-Wentworth and the Corporation of the City of Hamilton and submitted as a private bill to the Legislature of Ontario.

■ The administrative by-law of the Board was amended for subsequent submission to the Ministry of Health.

■ The Hospitals' Mission Statement was completed and approved by the Board.

■ Renovations to the I.C.U. and Emergency Department at Henderson General were completed.

■ The City of Hamilton acquired and will clear the property formerly belonging to Stelco Inc., to the north of Hamilton General between Wellington and Victoria, for hospital purposes.

Mr. Dean Smith, Associate Executive Director, relocated to Victoria Hospital Corporation in London as senior Vice-President. Mr. David Watts was promoted to the post as Assistant Executive Director, Finance and Corporate Services, and many of the corporate responsibilities formerly held by Mr. Smith were transferred to him. Mr. David Anderson, Deputy Treasurer, was promoted to the post of Controller. Mr. B. Brubacher was appointed Assistant Controller. Miss Colleen Geiger was promoted to the post of Director - Special Projects, and assumed responsibility for the Hamilton General construction project formerly carried by Dean Smith.

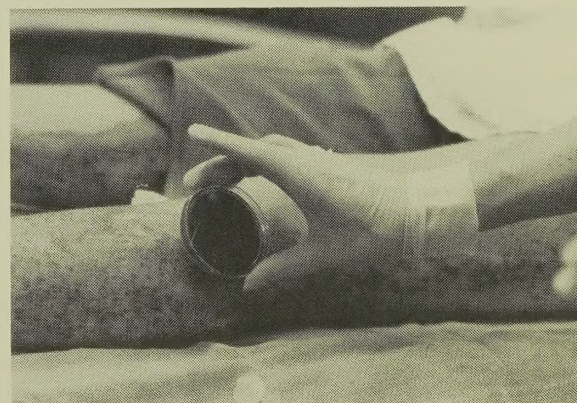
In Personnel, Mr. Ted Crabtree relocated to the Employee Relations Service of O.H.A. Mr. Peter Schmitt joined our staff as Personnel Manager.

The direction and support of the Board of Directors, under the able chairmanship of Robert Crockford, has been instrumental in making this a year of special progress.

The outstanding work of the Hamilton Civic Hospitals Foundation under the presidency of Dr. R.N. Lofthouse and the efforts of Mrs. Jean Crawford, Director of Development, are likewise acknowledged. In this regard, I also extend sincere thanks to Vice-Chairman of the Board, Chester Waxman, and his steering committee for their work in spear-heading the fund-raising drive.

The on-going support of the Volunteer Association and its able president, Beryl Jones, and of the Medical Staff Advisory Committee under the chairmanship of Dr. Ted Thomas is also gratefully acknowledged.

Finally, the loyalty and support of the administrative, medical, nursing and general staff of the Hospitals has been essential to our delivery of excellent patient care throughout the year. I extend my thanks to all.



A Rodac plate is used by a nurse in the Regional Burn Unit at the General to collect a culture directly from a burn patient. This culture is sent to the Laboratory to be grown and assessed.

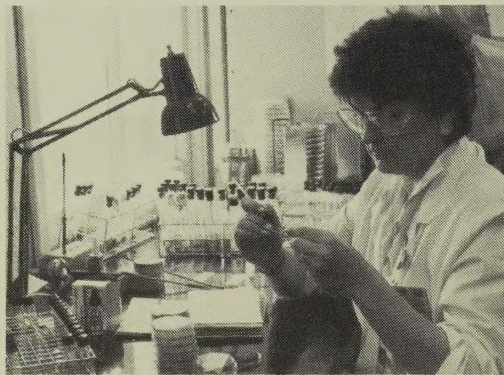
Clinical Microbiology

1: The Rodac plates are placed in an incubator set at 35° to 37° C (body temperature) overnight. The bacteria grow quickly in the fertile agar medium.



1

2: Suspicious colonies of cells are removed and placed on to a glass slide for a gram stain and into a "broth" – a liquid medium – for further identification and sensitivity testing.



2

3: A replicator is used to inoculate the broth on to a series of biochemical plates. From these the final identification of the bacteria grown and susceptibility to antibiotics is derived. The Microbiology Laboratory at the General is a Regional resource in mycology (fungus), antimicrobial therapy, anaerobic bacteria and *Neisseria gonorrhoea* research. Some 200 specimens are processed daily.



3

The anaerobic bacteriology laboratory at the Hamilton General Hospital was the first in Hamilton to provide a full isolation and identification of anaerobic bacteria from serious infections. Many laboratory technologists from other hospitals in Ontario have received training in these advanced techniques in this laboratory.

Hospital laboratories are critically important to the well-being of the patient. Though most tissue samples are removed from the patient and sent to the laboratories, it is increasingly true that doctors whose work is done in the laboratory are coming in direct contact with certain categories of patient. Furthermore, the sophisticated research done at the Civic Hospitals into cancer, lipids, care of patients in our Intensive Care Units, and management of our open heart patients, among many others, requires increasingly complex and exacting methodologies and higher standards in all

sections of our laboratories. There are two laboratories, one at each unit of the Civic Hospitals. Their work is generally comparable – clinical chemistry, haematology and microbiology; anatomical pathology (histology, cytology); and immunohaematology. However, the Regional Forensic Centre at the General and the cancer treatment provided at the Henderson have created concentrations of expertise in these special fields. Also, a large Regional Central Media Laboratory which supplies media to eleven laboratories is located at the Henderson.

Clinical Chemistry

4: Using an impressive array of sophisticated automatic equipment, technologists can measure some 150 different blood, urine or faecal components. Here, an Astra 8 (left) and an American Monitor KDA are performing these tasks. These machines are interfaced and print their results on to one form which is sent to the ward with no transcription by laboratory staff.

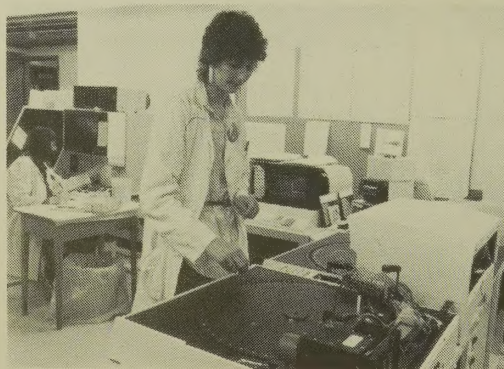
Blood gas determinations, vital to the management of

open heart and multiple trauma patients, are performed at a rate of 3,500 monthly.

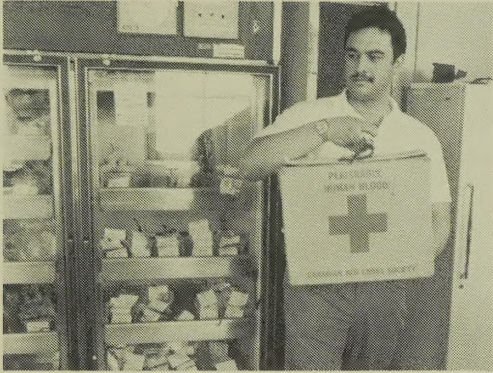
For many years the General has had an international reputation in the management of lipids and heart disease because of the activities of the Lipid Research Clinic. The Clinical Chemistry section serves the needs of this clinic and is also a regional centre for unusual tests such as Phytanic Acid and Red Blood Cell Phospholipids. Requests for these tests are received from other centres in Ontario and from other provinces in Canada.

The laboratory measures cholesterol, triglycerides, "good" cholesterol (HDL), "bad" cholesterol (LDL), separates fractions by ultracentrifugation and also does lipoprotein electrophoresis. During this fiscal year the laboratory has been involved in the very promising and exciting area of measuring the individual proteins that carry the various lipids. Research carried out by the Lipid Clinic has demonstrated that reducing cholesterol levels can lead to reductions in fatal and non-fatal heart attacks.

Current research in which the Lipid Clinic and the laboratory is involved include: new and promising medication for the reduction of cholesterol levels; the following of the long term effects of medication on carrier proteins; and measuring the effect of new steroid contraceptives on lipid and carbohydrate metabolism.



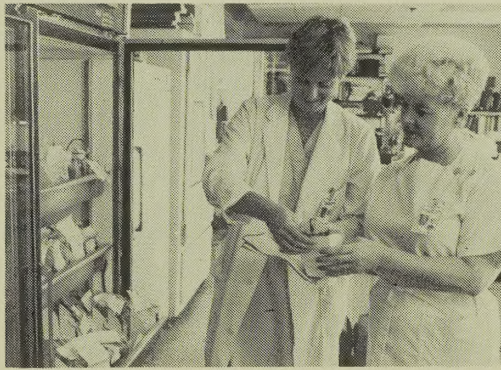
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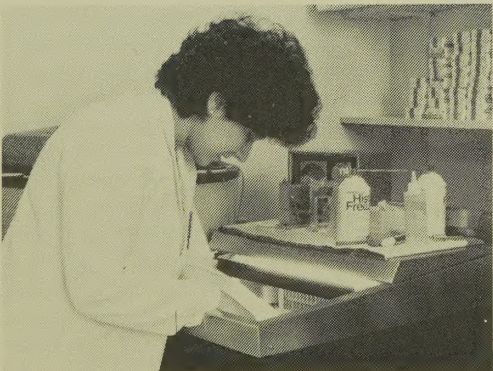
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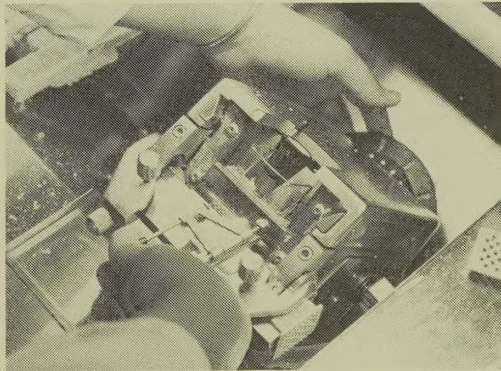
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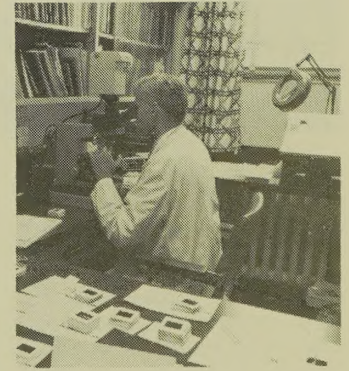
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Immunohaematology

5, 6, 7: Blood, delivered from the Canadian Red Cross Society, is crossmatched with the blood of the receiving patient and stored in a refrigerator until picked up for delivery to the ward. Some 3500 crossmatches are done monthly. Antibody investigations are carried out daily and about 850 units of fresh frozen plasma, stored plasma, cryoprecipitate, albumin, and platelets are issued every month.



10

Anatomical Pathology

8, 9, 10: Tissue specimens from the operating room are frozen in the cryostat machine and a microscopically thin cross-section is cut with a sharp blade. Pathologists examine the specimen under a microscope and report their findings to the attending physicians. The Histology Department at the General has the regional responsibility for neuropathology and specializes in muscle biopsies, plastic embedding and cardiac pathology.

Report of the Administrator of the Hamilton General Hospital

E.G. Woodward, M.D.

It has happened! The redevelopment of the General moved from the various planning stages to action. After 20 years plus, the momentous day arrived - 06 November 1985 was Ground Breaking Day. Almost immediately, Pigott Construction started digging the foundation and caissons. They continued through the winter months so that by 31 March 1986 the foundation was dug, most of the caissons were in place and about two-fifths of the foundation wall was erected.

Wonderful as it is to see the dream being turned into reality, the normal operations continue apace. The computer program moved from the Admitting, Discharge, Transfer phase to involve the Medical Records and Radiology Departments. Although there were breaking-in problems, both phases went well. The program has moved into the Accounting Department and committees have been struck for computerization of both the Stores and Pharmacy Departments.

In addition to these stages of the main program, an office automation program involving Nursing Administration, In-Service Education, General Administration and others has commenced. Other stand-alone programs have been developed in areas where the central program will not be involved. One of these is in the Intensive Care Unit. This

started as a research project in an attempt to determine precisely the mix of patients and the types of equipment needed, among other things, in the Intensive Care Unit. This program is proving to be extremely valuable. In part, it has been used to develop a rationale for the medical staffing needs in Intensive Care Units in general and is, consequently, the basis of a proposal being made to the Ministry of Health.

The Quality Assurance programs under the direction of the Quality Assurance Coordinating Committee have progressed in all areas of the hospital. Each department has developed its own specific program, the progress of which is being reported quarterly to the Quality Assurance Coordinating Committee. An important part of this program is performance appraisal. The General

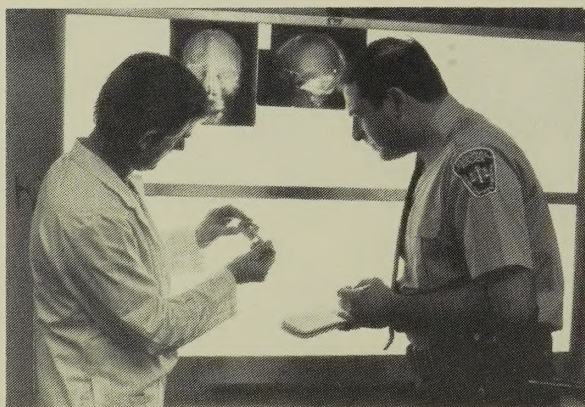
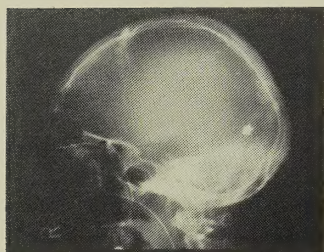
has been working towards hospital-wide performance appraisals for some time. During this past year, the entire program was accelerated when the Personnel Department produced a Civic-wide program.

The Occupational Health Nurses from Chedoke, McMaster University Medical Centre, St. Joseph's, Henderson, and Hamilton General worked a small miracle. They met and developed standardized protocols, including all components of a Quality Assurance program. This is probably the first time a department of five active treatment hospitals has successfully agreed on anything unless it was to agree to disagree. Congratulations to each of you. It must have taken a lot of compromise.

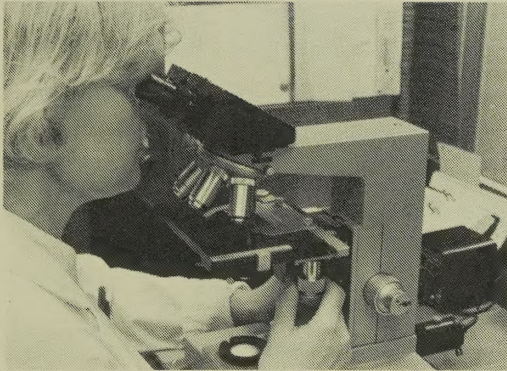
The psychiatric program that had made great strides a year ago had a setback due to the resignation of the Director. Nonetheless, Ward 39 underwent a modernization program which meant the ward was closed for a period of time.

The volunteers, as have all the staff, continued to do their day-to-day chores in an efficient manner. But I wish to make special mention of the Volunteer Association and its members. This group of people add something special to the hospital atmosphere. Easily recognized in their smocks (unless male), the volunteers bring to the patient a friendly smile, an indication that all may not be cold and austere in the institution. The Association is well known for its financial contributions to the hospital but in reality this is minor compared to each individual's dedication to making things a little brighter for the sick.

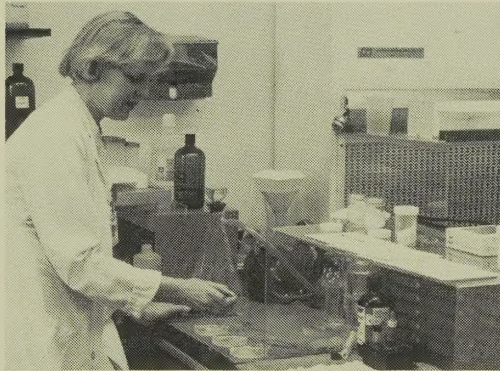
There is another group of people who are recognized each year for their devotion to the hospital. These are our retirees. During the fiscal year 1985/86, 28 people representing 583.2 years of service hung up their cap, mop, pencil, or whatever. To each of you I say "thank you" for a job well done and I extend best wishes to you in your new found freedom. Although it is hazardous to name some but not all, I believe special mention should be made to three - Elizabeth Kroch, Rosalie Remkins, and Renata Dabbs - all nurses who chose to take an early retirement.



The Regional Forensic Pathology Unit undertakes between 650 and 700 medical autopsies annually and services an area comprised of the whole of the Niagara Peninsula and the Halton and Waterloo areas. It is the only regional unit in Ontario outside of the Provincial Centre in Toronto. Shootings comprise part of the workload. Here, a pathologist shows an investigating police officer the entry point of a bullet in the skull. On the x-ray, the white spots within the head represent pieces of a 22 calibre bullet.



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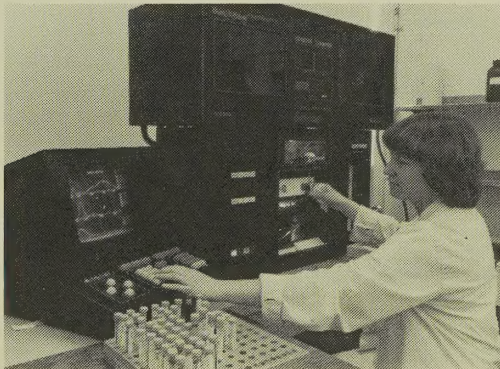


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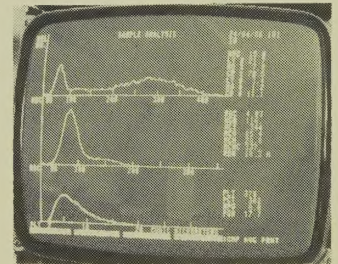
11, 12: The Cytology Department interprets cells from human body fluids to detect and diagnose cancerous and non-cancerous disease processes. These cells have been shed freely or have been obtained by various clinical procedures. The technologist creates, stains and examines these cell preparations prior to review by the pathologist.

Clinical Haematology

13, 14: Approximately 1,000 specimens are processed daily in haematology, which is the Regional Referral Centre for diagnoses of leukemia. A Coulter Counter measures 18 blood parameters in under one minute – a process which would take hours if done manually.

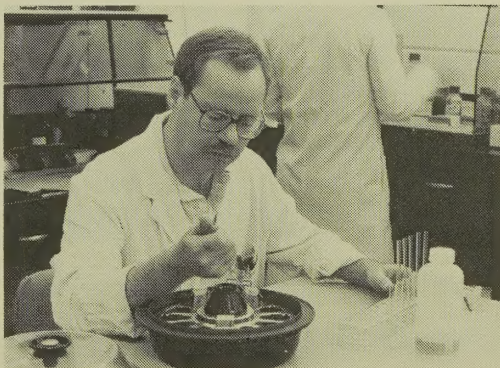


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15: Samples from across the referral area which are being tested for leukemia are labelled with cell markers to differentiate between types of leukemia. The final step, seen here, is the making of smears of these marked cells in a Cytospin centrifuge before they are read under a fluorescent microscope. The monitoring of patients' clotting factors through a variety of manual and automated tests is vital in the management of open heart, multiple trauma and burn patients.



15

Balance Sheet

as at March 31, 1986 and 1985

	1986	1985		1986	1985
Assets			Liabilities and Fund Balances		
			Operating Fund		
Cash and Investments	\$ 7,262,262	\$ 4,109,253	Accounts Payable and Accrued Liabilities	\$12,854,576	\$10,775,366
Grants and Accounts Receivable	8,878,355	8,873,485	Operating Fund Balance (note 3)	16,393,592	14,882,281
Inventories	2,309,706	2,177,335			
Prepaid Expenses	197,234	109,945			
Total current assets	18,647,557	15,270,018			
Due from Other Funds - non-current	1,083,736	1,433,740			
Fixed Assets - Equipment	28,388,514	26,528,543			
Less Accumulated Depreciation	18,871,639	17,574,654			
	9,516,875	8,953,889			
Total Operating Fund Assets	29,248,168	25,657,647	Total Liabilities and Operating Fund Balance	29,248,168	25,657,647
			Redevelopment Fund (note 2)		
Cash and Term Deposits	269,163		Bank Loan	2,159,787	
Accounts Receivable - Construction Grant	2,066,984		Holdbacks Payable	176,360	
Construction in Progress	2,109,961		Redevelopment Fund Balance	2,109,961	
Total Redevelopment Fund Assets	4,446,108		Total Liabilities and Redevelopment Fund Balance	4,446,108	
Total Assets	\$33,694,276	\$25,657,647	Total Liabilities and Fund Balances	\$33,694,276	\$25,657,647

Notes to Financial Statements

Note 1 - Significant accounting policies:

- a) The financial statements have been prepared using the accrual method of accounting, revenue is recorded when earned and expenses are recorded when incurred. The financial statements do not include the assets, liabilities, and activities of any organizations such as the Volunteer Association and the Foundation which, although related to the Hospitals, are not operated by it.
- b) Inventories are carried at the lower of cost, on a first-in first-out basis, and replacement value.
- c) Fixed assets are recorded at cost and depreciated on a straight-line basis over their estimated useful lives.
- d) Under the sick leave benefit plan for employees, unused sick leave accumulates and may be used for sick time in future years. In addition, employees with five years or more service are entitled to cash payments on a portion of their sick bank upon termination of employment. It is the policy of the Hospitals not to recognize

the amount of the liability of the sick bank in the financial statements, but to consider any payments from the accumulated sick bank as an expense in the year of payment. The termination sick bank payments were \$597,561 for 1985/86 and \$493,297 for 1984/85.

- e) Donations are accounted for as increases in the operating fund balance.
- f) Capital grants, except for the Hamilton General Hospital Redevelopment, are applied against expenditures incurred for additions and improvements to buildings which are owned by the City of Hamilton.

Note 2 - Hamilton General Hospital Redevelopment

During the year, construction began on the redevelopment of the Hamilton General Hospital. The total project cost is expected to be \$84,200,000, including \$8,400,000 of depreciable new equipment. Construction will be partially funded by a special construction grant from the Ministry of Health in the amount of \$60,730,000. The balance of the required funding will be provided by the Hospitals and the Hamilton Civic Hospitals Foundation. Construction costs are being financed by a bridge loan. The Ministry of Health is committed to provide

Statement of Changes in Financial Position

for the years ended March 31, 1986 and 1985

Sources of Working Capital	1986	1985
Surplus for the year	\$1,277,969	\$ 812,602
Charges to operations not requiring an outlay of working funds - Depreciation	1,944,826	1,787,625
Donations received for Capital Expenditure	344,833	314,792
Decrease in Due from Other Funds - non-current	350,004	402,684
Total Working Capital Provided	3,917,632	3,317,703
Application of Working Capital		
Purchases of equipment - net ...	2,507,812	2,249,120
Expenditure to buildings owned by City of Hamilton	111,491	182,403
Donation to research	—	14,103
Total Application of Working Capital	2,619,303	2,445,626
Increase in Working Capital	1,298,329	872,077
Working Capital Beginning of Year	4,494,652	3,622,575
Working Capital End of Year	\$5,792,981	\$4,494,652

grant funds to repay this loan over a ten-year period. All interest incurred on this loan is to be paid by the Ministry of Health.

The redevelopment project is expected to be completed in 1989. Upon completion, the buildings will be contributed to the City of Hamilton.

Note 3 - Statutory Provision

The operating fund balance is vested in the Hospitals in trust for the Regional Municipality of Hamilton-Wentworth and/or the City of Hamilton. The use of the operating fund balance is restricted by the Hamilton Civic Hospitals Act, 1978.

Note 4 - Lease Obligations

The Hospital is committed to operating lease payments of \$563,000 annually from 1986/87 to 1988/89, \$408,000 in 1989/90, \$278,000 in 1990/91 and \$249,000 in total thereafter.

Note 5 - Comparative Figures

Certain of the 1985 figures have been reclassified to conform to the 1986 presentation.

Statement of Revenue and Expense and Operating Fund Balance

for the years ended March 31, 1986 and 1985

Revenue	1986	1985
Ministry of Health Funding		
- Hospital Services	\$108,008,628	\$ 97,823,450
- Subsidiary Service	1,770,032	1,753,379
Patient Services Revenue	8,331,321	7,807,166
Other Income	2,609,943	2,423,989
Total Revenue	120,719,924	109,807,984
Expense		
Care of Patients	78,356,518	71,743,928
Patient Support Services	17,432,645	15,757,686
General Services	19,785,450	17,624,516
Depreciation	1,944,826	1,787,624
Other Expense	152,484	328,249
Subsidiary Expense	1,770,032	1,753,379
Total Expense	119,441,955	108,995,382
Surplus for Year	1,277,969	812,602
Operating Fund Beginning of Year	14,882,281	13,951,393
Add - Donations	344,833	314,792
	16,505,083	15,078,787
Less		
- Expenditures to buildings owned by the City of Hamilton	111,491	182,403
- Donations to Research	—	14,103
Operating Fund End of Year ...	\$ 16,393,592	\$ 14,882,281

Auditors' Report

We have examined the balance sheet of the Hamilton Civic Hospitals as at March 31, 1986 and the statements of revenue and expense and operating fund balance, and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the hospitals as at March 31, 1986 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles set out in the notes to the financial statements applied on a basis consistent with that of the preceding year.

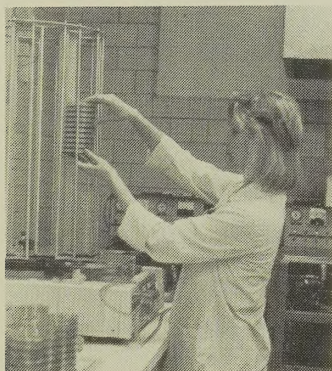
Hamilton, Ontario
June 6, 1986

Spicer MacGillivray, Chartered Accountants

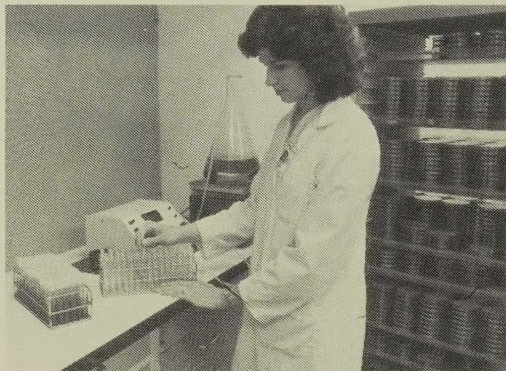
Henderson General Hospital: Laboratory Focus

The Central Media Laboratory was established at the Henderson General Hospital in 1975 as a non-profit regional program by the Hamilton District Program in Laboratory Medicine. At that time it was a unique hospital based facility. In 1985 the CML produced approximately 480,000 tubes and 996,000 plates of culture media (a daily average of 3,000 tubes and

4,000 plates). The staff of ten operate automated equipment and perform extensive quality control on purchased ingredients and on the finished products. The CML frequently has visitors from other laboratories and agencies from across the country who are considering the establishment of a similar program or who wish to improve their own in-house systems.



1



2

1: A pourmatic machine dispenses agar into Petri dishes automatically. Filled dishes are removed from the machine and placed on drying trays. Several dozen formulas are used to prepare agars for different purposes.

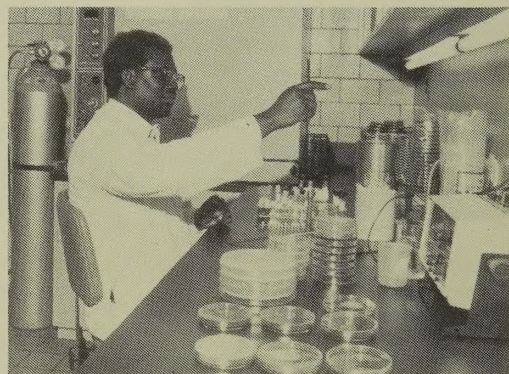
2: Culture tubes are also filled with "broth" or agar. This laminar flow work station provides aseptic conditions to prevent contamination.

3: Finished products are labelled and packaged for distribution to eleven receiving centres.

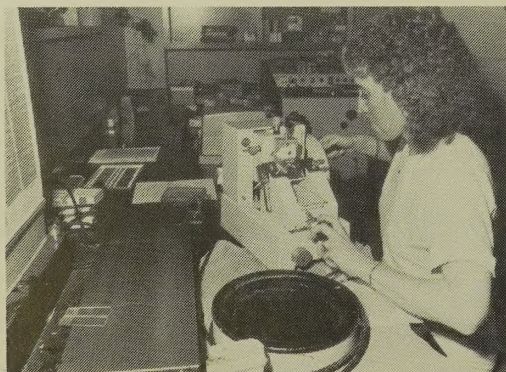
4: Sterility testing and media performance testing are the major components of quality control at the CML.



3



4



5

Anatomical Pathology

5: Thin sections, four to five microns thick, are cut on a Leitz Microtome machine. These sections are then affixed to slides by heat after which the slides are stained with dyes to highlight nuclear and cytoplasmic detail as well as the relationship of their tissue elements to one another.

In reflecting over the past year, I am pleased to note the many improvements which have taken place at the Henderson General Hospital.

Four telemetry beds were opened on Ward 497 which allow for continual cardiac monitoring of patients transferred from the Coronary or Intensive Care Units to the ward. The Henderson also became the base for the new Regional Neuro-Oncology Program under the direction of Dr. M. Rathbone. The program involves research into and treatment of the effects of cancer on the nervous system.

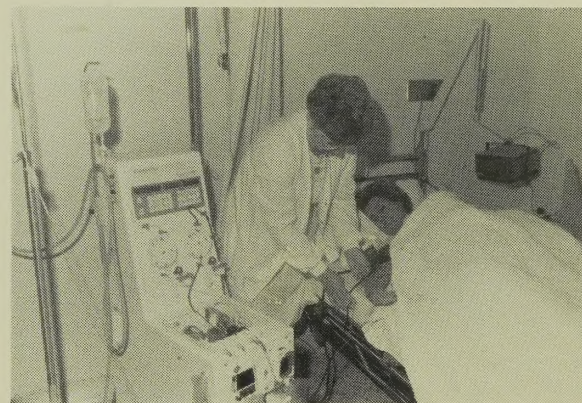
Other developments of note are as follows: our Quality Co-ordinating Council met its goal of establishing specific guidelines to assist departments in implementing the elements essential to a departmental Quality Assurance Program; under the umbrella of Occupational Health and Safety, two new programs were introduced to aid in creating a better and safer working environment for hospital employees. These were the "Back Pack" and the "Management Guide to Loss Control" programs. Because these programs involved the efforts of all departments and the assistance of the Occupational Health and Safety Officer, the hospital was able to show a significant improvement in its injury related statistics over the previous year.

The hospital's physical plant saw some improvements in the past year with much of the

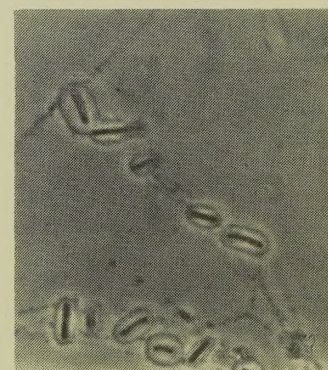
work being completed by our skilled staff in the Power and Maintenance Department. Among some of the larger undertakings was the building of a new, bright Maternity Gift Shop located across from the Maternity Entrance. Major renovations to the Emergency Department, made possible by funds raised by the Hamilton Civic Hospitals Foundation, were also started. In addition, patients in the ICU/CCU now have a more comfortable and safer environment due to upgrading of the air handling and electrical wiring systems. An Energy Conservation Program was also implemented which should save the hospital over \$200,000.00 per year once the initial expenses are paid off. These savings will be put back into the operating budget of the hospital.

Once again, my sincere thanks to the Volunteers for their continued support, including generous donations for capital equipment and education. In the past year the Volunteers have enhanced their extensive list of services by adding some new programs such as the Radiology Department Information Desk and a Patient Telephone Program. Both of these new services have been very well received by our patients and staff.

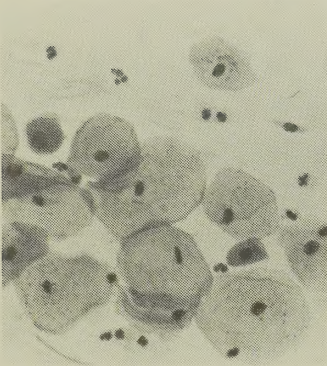
Finally, I would also like to thank our hospital employees and medical staff for their loyalty and contribution in making 1985/86 a very successful year.



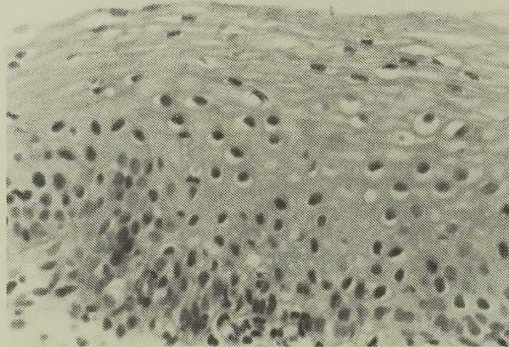
This Haemonetics V 50 cell separator is one of three used to effect plasma exchange in patients who have disorder of their plasma proteins. It can also be used to obtain blood products from "normal" donors. The Inner Peace Foundation generously donated funds for the purchase of this equipment at the Henderson General Hospital.



A serotyping service, the only one of its kind in Canada, is provided by the Henderson Laboratory. It is used by medical microbiologists and veterinarians in Canada and the United States for epidemiological purposes to identify strains of *Klebsiella* species, which are associated with outbreaks of infection or to identify strains that cause particular infections in both humans and animals.



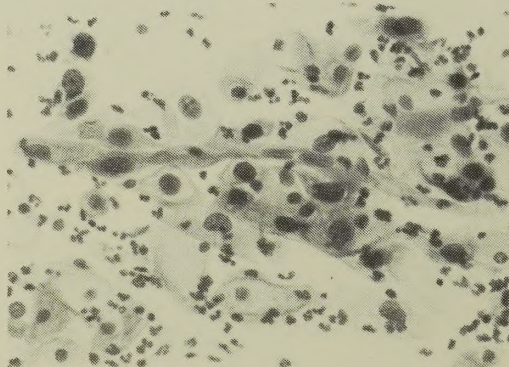
6



7

8: A microscopic view revealing the type of abnormal cell (precancer) which usually precedes the development of cancer.

9: A histological section of a biopsy of the cervix taken by the gynecologist after careful examination of the patient's cervix using a Colposcope (an instrument which magnifies the image and allows better visualization).



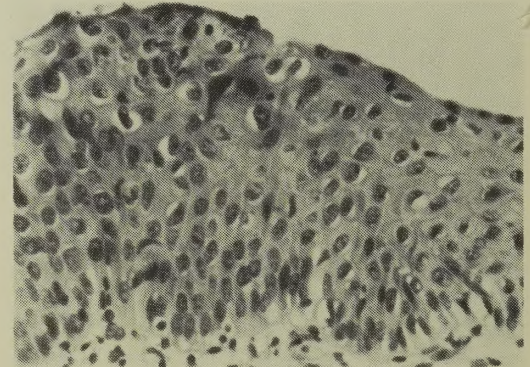
8

Anatomical Pathology

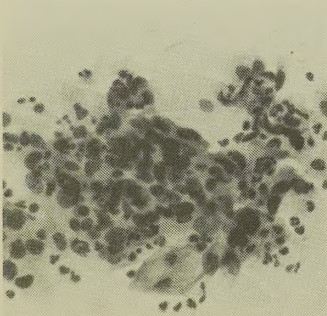
Cervical cancer still claims 10,000 lives annually in Canada and the U.S.A. Most of these deaths can be avoided and the great majority of women dying from cancer of the cervix have never had a previous pap smear. Having an abnormal pap smear does not mean a woman has cancer. If the pap smear shows abnormal cells, the gynecologist will decide what additional tests are needed.

6: The results as seen under a microscope of a normal pap smear with squamous cells derived from a normal cervix.

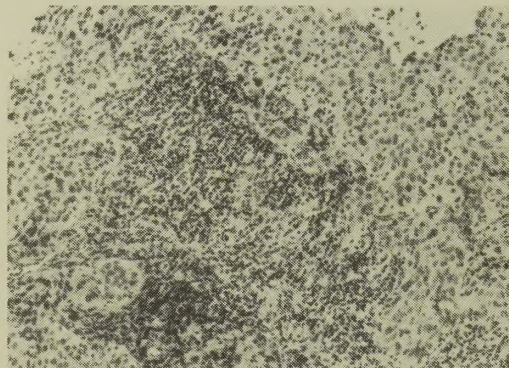
7: A normal squamous epithelium, the source of the cells in Photo 6 which are scraped from the surface of this area on the cervix.



9



10

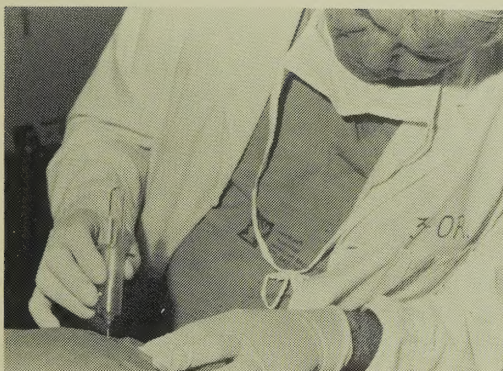


11

10: A microscopic view of a group of cancer cells which, when detected in the pap smear, indicate the presence of fully developed cancer of the cervix.

11: A biopsy showing the cancer cells invading the tissues of the cervix.

The Henderson General Hospital Cytology Laboratory is one of only five centres in Ontario accredited for the clinical teaching of Cytotechnology students.



12



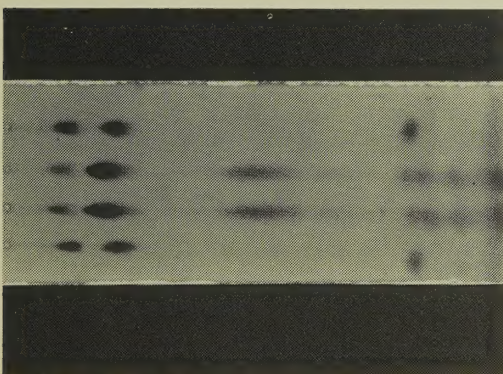
13

Clinical Chemistry

The Henderson General Clinical Chemistry Section is the Regional Centre for fetal lung maturity testing, providing one of the largest services in North America.

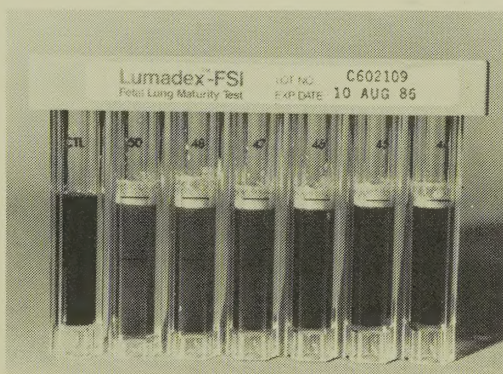
12: An amniocentesis is performed to check on the lung maturity of a fetus.

13: The amniotic fluid is processed and applied to a silica covered glass plate.

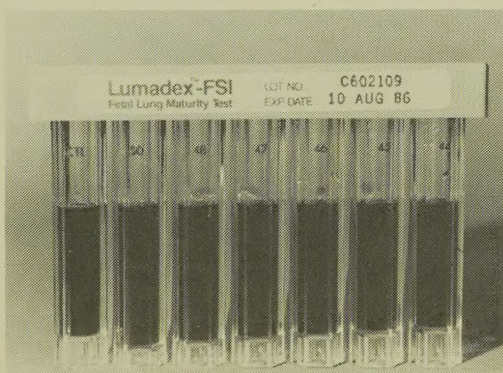


14

14: The plate is processed by thin layer chromatography then charred, and the resulting pattern can be assessed visually. The plate above indicates mature fetal lung function, thus advising the physician that delivery is appropriate.



15



16

15, 16: An alternate test for showing fetal lung maturity is the Foam Stability Index shown here. A solid ring of foam, 15, indicates mature lung function while the absence of foam, 16, indicates immature lung function. Research is currently being carried out in regard to this test as a faster, less expensive and better indicator of fetal lung maturity.

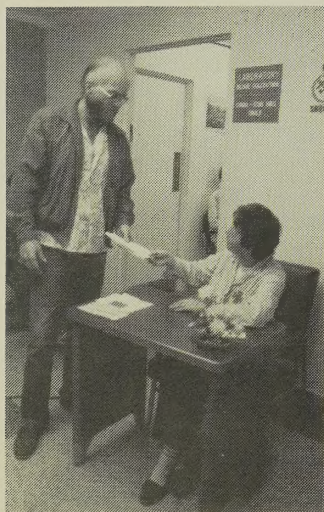
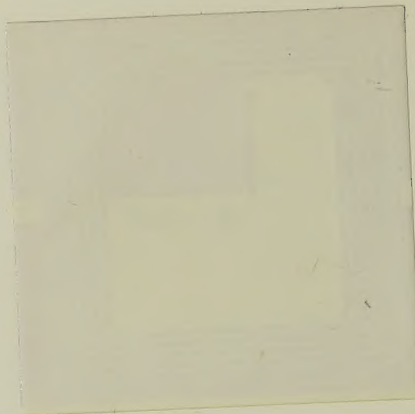


17

17: The 20 most commonly ordered Chemistry tests are presently performed on fully automated instruments (ASTRA). The above photo shows one of the ASTRA's linked to a computer interface which is compatible with the hospital mainframe computer system and will speed the delivery of the laboratory reports.

Report of the President of the Volunteer Association

Mrs. B. Jones



Volunteers play many important roles throughout the hospitals. At the Henderson General Hospital, one of their many tasks is to provide patient reception and information service at the blood collection centre.

It is once again my privilege to report on the activities of the Hamilton Civic Hospitals' Volunteer Association. The dedication and hard work of the volunteers, Board members, Directors of volunteers and paid staff have again been responsible for a most successful year both financially and with respect to services performed.

Our gift shops, snack bars, baby pictures, vending machines and the new telephone rental service have been very profitable and we were able to donate \$124,894.09 to the Hamilton Civic Hospitals.

The Hamilton General received \$51,250.00 for the purchase of a bed for the Neurological Ward, two Neurochairs, two 1-Med Pumps, three Roho Pillows, five leg exercisers and financial support for the Geriatric Programme.

The Henderson General received \$56,350.00 and used it for two A.T.S. Tourniquets, a Colonoscope, a Therapeutic Bronchofibroscope, a Fetal Monitor and textbooks for the hospital library.

Funding in the amount of \$13,000.00 was provided for Bursaries and Grants, \$4,112.92 for out-patient support services and \$181.17 for Social Services.

At our Annual Junior Volunteer Award night, the Association was most pleased to present \$200.00 scholarships to four of our Junior Volunteers to assist them in furthering their education. Awards and certificates were also presented to many of our Junior volunteers. We feel these young people contribute greatly both to the Association and the hospitals with their enthusiasm and dedication.

Luncheons given by the hospitals for the volunteers were held in the Spring and Fall and five year service pins were presented at that time.

Volunteer services at the General were expanded to include the Education Department Library, a library cart, cardiac patient visiting and out-patient nutrition. Volunteer days have increased in the Fracture Clinic and Lipid Clinic. At the Henderson, the volunteer services were expanded in the out-patient laboratory and Radiology Department. We also became responsible for the installation, financing and collecting of rental telephones in standard ward rooms.

Mrs. Aileen Rowell, Director of Volunteers, Henderson General and Mrs. Sandra Muirhead, Director of Volunteers, Hamilton General, provide intelligent, innovative leadership and we are most appreciative of their efforts.

The Volunteer Association June Tea was held at the Dundas home of Mr. and Mrs. T. Langs. We would like to express our thanks to them for an enjoyable event in very beautiful surroundings.

At the Annual Meeting in March, 1985, Dr. D. Truscott and Mrs. R. Dabbs, Director and Head Nurse respectively of the Regional Burn Unit at the Hamilton General, were the guest speakers. The General Meeting took place in November, 1985 and Mrs. Mensch, Director, Physiotherapy Department, Henderson General, was the speaker. The contribution to our meetings by these very busy people was most welcome and we thank them sincerely.

On behalf of the Board and all volunteers, may I express our sincere gratitude to Dr. Noonan and his staff for their support in all our endeavours. We are looking forward with anticipation to another year of service.

Report of the Chairman of the Medical Staff Advisory Committee

E.J. Thomas, M.D.

The MSAC continues its debate on the balance between patient care, residency education and research. The general thesis is that patient care will never be allowed to take second place to either of its rivals and peers, and hopefully all three of these objectives will be frequently synthesized.

In the specific area of provision of critical care service, the Intensive Care Unit committee, and a sub-committee, backed by the entire MSAC, have been wrestling with the problem of guaranteeing critical care to patients when the current load of such patients exceeds available residents to participate in their care. The hospitals participated in city-wide discussions, and in developing reports of special visitors, and is in control of the subject at the patient care level, with plans to identify and recruit a category of doctor who will be a hospital based Intensive Care person, cooperating with the coordinating intensivists.

New programs are being proposed and members of the MSAC and hospital administration, along with the leaders of these programs, will present to a regional committee for a prioritizing process the full descriptions of such programs, which then will be forwarded to the Minister of Health for approval. Currently, Electrophysiological monitoring with the implantable automatic defibrillator, Home TPN, and development of a Palliative Care Team are on this list.

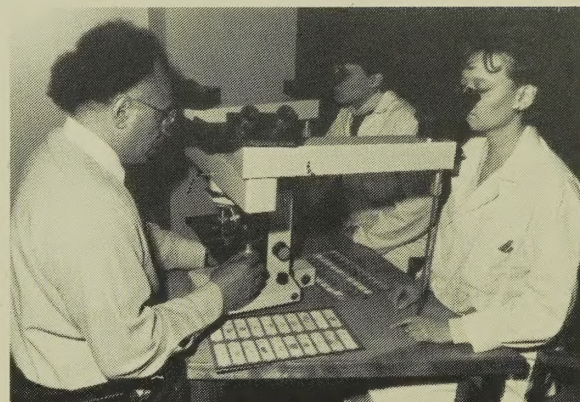
The Department of Surgery at the General has recruited Dr. Bowser in General Surgery and Trauma, and three Orthopaedic Surgeons (Drs. Wismer, Kwok and Lachowski). The latter two have a specific interest in trauma and will participate in further developments in the trauma service. Of particular interest is the intention of Neurosurgery, Orthopaedics and General Surgery to cooperate in developing a "Trauma Ward" as the next step in development in the

Hamilton General Hospital's response as the Regional Trauma Service.

Since the introduction of the Canadian Constitution with its Bill of Rights, definition of retirement age has been a matter of some contention. The medical staff is wrestling (not very successfully at present) with the definition of "competence to practise." This has never been adequately developed in any administration of which the Chairman of the MSAC is aware and the Medical Staff are to be congratulated for their early contributions in this matter, although much work remains to be done.

It would be remiss to end this report without acknowledging the final development of "the great hole" at the corner of Wellington and Barton Streets. in which the foundations and structural steel of our new hospital have already been laid. I would like particularly to congratulate Mr. Chester Waxman for his efforts "above and beyond the call of duty" in supporting the Foundation's Fund Raising efforts as a backdrop to the successful initiation of the building program.

Clearly, as a final comment, the Board of Directors and the Chief Executive Officer must be thanked for their unflagging support of the institution and its staff.



Pathology is the study of disease and an understanding of disease is basic to the practise of medicine. The pathologist's instrument is the microscope. Instruments such as this multi-headed microscope allow the pathologist to demonstrate the minute details of disease processes to medical students, residents and staff physicians. In this way, their understanding of the effects of specific disease on their patients is clearer and they are better able to provide a prognosis of the outcome of disease to patients and their relatives. Such teaching microscopes are not only used for the education of medical personnel but also for the training of histotechnology and cytotechnology students.

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Dr. E.J. Thomas
Vice Chairman
Dr. I.O. Stewart

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Chief
Dr. E.J. Ashworth
Head of Service, Henderson
Dr. M. Harvey
Head of Service, General
Dr. R.A. Browne

Department of Diagnostic Radiology

Chief, General
Dr. H.O. Stolberg
Chief, Henderson
Dr. J.G. Thomson

Department of Emergency Care

Chief
Dr. K.A. Ockenden

Department of General Practice

Chief
Dr. J.J. Homer
Member at Large
Dr. E.H. Byrne

Section of Intensive Care

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Dr. J.R. Hewson

Department of Laboratory Medicine

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Dr. I.O. Stewart
Chief, Henderson
Dr. J.H. Thornley

Department of Medicine

Chief
Dr. R.W. Cornett
Deputy Chief, Henderson
Dr. D.E. Dwyer
Deputy Chief, General
Dr. A.G. Turpie

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Dr. D.A. Holder

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Dr. G.P. Browman

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Service of Endocrinology Metabolism

Head
Dr. A.R. McNabb

Service of General Internal Medicine

Head
Dr. D.E. Dwyer

Service of Neurology

Head
Dr. R.J. Duke

Service of Nuclear Medicine

Head
Dr. C.N. Best

Service of Rehabilitation Medicine

Acting Head Jan. /86
Dr. S. Banerjee

Service of Respiriology

Head
Dr. R.W. Cornett

Service of Gastroenterology

Head
Dr. T.L. Seaton

Department of Obstetrics & Gynaecology

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Deputy Chief, Obstetrics
Dr. W.G. Green
Deputy Chief, Gynaecology
Dr. H.R. Morgan

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Department of Paediatrics

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Dr. V.K. Jain

Department of Surgery

Chief
Dr. O.J. Mirehouse

Deputy Chief, General
Dr. W.P. Finn

Deputy Chief, Henderson
Dr. E.G. Isbister

Service of General Surgery

Head, General
Dr. E.J. Thomas

Head, Henderson
Dr. Z. Kiss

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Dr. I.W. Blackstone

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Dr. G.H. Flight

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Vice President
Dr. W.E. Pine

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Executive Director
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Medical Director
Dr. J.M. Phin

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Dr. E.G. Woodward

Administrator, Henderson
Mr. P.C. Johnson

Nursing, General
Miss M. Charters

Nursing, Henderson
Mrs. P. Mandy

Board of Directors

Mr. G. Northcott

as of March 31, 1986

	Hamilton General	Henderson General	Consolidated
Personnel			
Paid Hours	2,407,149	2,628,416	5,035,565
Employees			
- Full Time Equivalent			
Nursing	665	720	1,385
Other	569	628	1,197
Totals	1,234	1,348	2,582

Set-Up Beds			
Private	31	63	94
Semi-Private	40	178	218
Standard	344	373	717
Bassinets	-	108	108

Medical Services			
Autopsies	716	142	858
Emergency Visits	35,633	35,973	71,606
Laboratory Units	9,124,174	9,552,234	18,676,408
Occupational Therapy			
Attendances	4,376	13,670	18,046
Out-Patient Visits	90,033	67,701	157,734

	Hamilton General	Henderson General	Consolidated
Physiotherapy			
Attendances	31,413	59,472	90,885
Speech Therapy			
Attendances	1,609	725	2,334
Nuclear Medicine Units	290,377	267,303	557,680
Medical Diagnostic Units	2,007,400	755,266	2,762,666
Surgical Operations	7,921	10,161	18,082
X-Ray Examinations	70,378	48,379	128,757
Nutritional Counselling			
Visits	4,501	1,121	5,622

Other Services			
Laundry Poundage (kg)	1,050,469	1,304,388	2,354,857
Meals Served	619,596	827,790	1,447,386
Steam Produced (kg)	33,043,407	44,784,393	77,827,800

Patients - Active			
Admissions	9,745	16,083	25,828
Separations	9,748	16,088	25,836
Births - Live	-	1,991	1,991
Patient Days	125,451	153,649	279,100
Average Days of Stay	12.8	9.3	10.6
Occupancy Percentage	82.8	84.0	83.5

	Hamilton General		Henderson General		Consolidated	
	Patients	Days	Patients	Days	Patients	Days
Cardiology and Cardiovascular	2,405	25,314	-	-	2,405	25,314
Dental	62	247	69	146	131	393
Dermatology	-	-	1	24	1	24
General Surgery	1,110	12,494	2,692	22,024	3,802	34,518
Gynaecology	1	9	3,753	16,111	3,754	16,120
Medicine	1,749	30,300	4,613	64,384	6,362	94,684
Neurology and Neurosurgery	1,158	19,724	-	-	1,158	19,724
Newborn	-	-	2,018	10,912	2,018	10,912
Obstetrics - Not Delivered	-	-	618	1,924	618	1,924
Obstetrics - Delivered	-	-	2,016	12,030	2,016	12,030
Ophthalmology	245	700	-	-	245	700
Orthopedic	1,054	13,351	839	13,214	1,893	26,565
Otolaryngology	338	558	280	890	618	1,448
Paediatrics	1	1	43	626	44	627
Plastic Surgery	451	3,352	151	420	602	3,772
Psychiatry	169	3,780	281	8,083	450	11,863
Thoracic Surgery	82	695	-	-	82	695
Traumatology	284	6,760	-	-	284	6,760
Urology	671	5,574	914	5,413	1,585	10,987
Totals	9,780	122,859	18,288	156,201	28,068	279,060

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